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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 121200001		CITY OR TOWN	SOUTHAM	IPTON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: CAMP JAHN	ASSN. INC.			
DOING BUSI	NESS A				
ADDRESS 25	CAMP JAHN RD.				
CITY/TOWN:	SOUTHAMPTON	STATE: MA	ZIP CODE:	01073	
MANAGER:	KRASSLER, MICHAEL J.	TYPE OF LICENSE: CI	ub C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
	N OF LICENSED PR				
ONE FLOOR,	BAR ROOM AND H	IALL, CELLAR FOR ST	ORAGE.		
	y and swear under pen	2 0 0			
		be of the same type for the	•		
	-	l with all laws of the Com	•	to taxes; and	
3. the	premises are now ope	en for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:		R IDENTIFICAT	
			(Note: <u>NOT</u> In	dividual Social S	ecurity Number)
We the under	rsigned, attest that w	e are in possession (1) th	ne certificate requi	ed by Chapte	er 304 of the
Acts of 2004,	signed by the building	ng inspector and the hea	d of the fire depart	ment for the	above named
license and (2	2) the certificate of li	quor liability insurance	required by Chapto	er 116 of the	Acts of 2010.
Please Check Belo	ow:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
					 -
DATE:					
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121200002	C	TY OR TOWN SO	OUTHAMPTON
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: L.M.K. INC.			
DOING BUSINESS A THE TIN CAN	ALLEY LOUNGE		
ADDRESS 74 COLLEGE HIGHWAY			
CITY/TOWN: SOUTHAMPTON	STATE: MA	ZIP CODE: 0	1073
MANAGER: YAMILKOSKI, TY JOAN	PE OF LICENSE: Restau	rant CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
ONE STORY STRUCTURE ADJOININ LANES;SAID STRUCTURE CONSTR GAME ROOM, SUPPLY AREA AND I	UCTED ON A CEMENT		
I hereby certify and swear under penaltie	es of perjury that:		
1. the renewed license will be of	f the same type for the same	ne premises now lice	nsed;
2. the licensee has complied wit		_	xes; and
3. the premises are now open fo	r business (If not explain	below)	
SIGNED BY: Individual, Partne	er or Authorized Corporat	e Officer	
	er or Authorized Corporat	e Officer	
Individual, Partne	er or Authorized Corporat	EMPLOYER IDE	ENTIFICATION NUMBER: nal Social Security Number)
Individual, Partne	NE NUMBER: e in possession (1) the conspector and the head of	EMPLOYER IDE (Note: <u>NOT</u> Individu ertificate required b	y Chapter 304 of the t for the above named
Individual, Partner DATE: TELEPHOR We the undersigned, attest that we ar Acts of 2004, signed by the building in license and (2) the certificate of liquor	NE NUMBER: The in possession (1) the conspector and the head of the liability insurance requirements.	EMPLOYER IDE (Note: <u>NOT</u> Individu ertificate required b	y Chapter 304 of the t for the above named 6 of the Acts of 2010.
Individual, Partner DATE: TELEPHO! We the undersigned, attest that we ar Acts of 2004, signed by the building ir license and (2) the certificate of liquois Please Check Below: APPROVED:	NE NUMBER: The in possession (1) the conspector and the head of the liability insurance requires.	EMPLOYER IDE (Note: <u>NOT</u> Individuertificate required be the fire departmen hired by Chapter 11	y Chapter 304 of the t for the above named 6 of the Acts of 2010.
Individual, Partner DATE: TELEPHOR We the undersigned, attest that we ar Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	NE NUMBER: The in possession (1) the conspector and the head of the liability insurance requires.	EMPLOYER IDE (Note: NOT Individuertificate required be the fire departmentired by Chapter 11)	y Chapter 304 of the t for the above named 6 of the Acts of 2010.
Individual, Partner DATE: TELEPHO! We the undersigned, attest that we ar Acts of 2004, signed by the building ir license and (2) the certificate of liquois Please Check Below: APPROVED:	NE NUMBER: The in possession (1) the conspector and the head of the liability insurance requires.	EMPLOYER IDE (Note: NOT Individuertificate required be the fire departmentired by Chapter 11)	y Chapter 304 of the t for the above named 6 of the Acts of 2010.
Individual, Partner DATE: TELEPHOR We the undersigned, attest that we ar Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	NE NUMBER: The in possession (1) the conspector and the head of the liability insurance requires.	EMPLOYER IDE (Note: NOT Individuertificate required be the fire departmentired by Chapter 11)	y Chapter 304 of the t for the above named 6 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 121200003		CITY OR TOWN	N SOUTHAN	MPTON
APPLICATION FO	R RENEWAL:	Annual CLASS	LICE	NSED FOR 20	013 YEAR
	SOUTHAMPTON C A SOUTHAMPTON GE HIGHWAY	COUNTRY CLUB			ILAK
CITY/TOWN: SOU	JTHAMPTON	STATE: MA	ZIP CODE:	01073	
MANAGER: STR JAM	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		EMAIL ADDRESS		
	LICENSED PREMISE		AENTE AND CTOD	ACE IN DAG	PAGENTE
FRONT AND REAL	BLOCK BLDG. WITH R ENTRANCE.	I PORCH, BASE	MENT AND STOR	AGE IN BASI	EMENI,
	see has complied with a ses are now open for b Individual, Partner of	usiness (If not exp	lain below)	to taxes; and	
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor li	ector and the hea	nd of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 121200006		CITY OR TOWN	SOUTHAMPTON
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: BUCKWHEATS, I	NC.		
DOING BUSINESS	S A			
ADDRESS COLLE	EGE HWY.			
CITY/TOWN: SO	OUTHAMPTON	STATE: MA	ZIP CODE:	01073
	TZIPETRO, TYP NIEL T	PE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMIS	SES:		
	UCTURE BAR AND I ION ROOM IN THE R		and the second s	
I hereby certify and	l swear under penalties	of perjury that:		
1. the rene	wed license will be of	the same type for th	e same premises now	licensed;
2. the licen	see has complied with	all laws of the Con	nmonwealth relating to	o taxes; and
3. the prem	nises are now open for	business (If not exp	olain below)	
SIGNED BY:				
	Individual, Partner	or Authorized Corp	oorate Officer	
DATE.				
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(100c. <u>1101</u> III0	iividuai Sociai Security Number)
Acts of 2004, sign	ed by the building ins	pector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	olain)			
D.A.TE				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121	200009		CITY OR TOWN	SOUTHAM	IPTON
APPLICATION FOR REN	NEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: PUR DOING BUSINESS A		IC .			
ADDRESS 31 COLLEGE				0.4.0==	
CITY/TOWN: SOUTHA		STATE: MA	ZIP CODE:	01073	
MANAGER: PUZA, DO	ONALD TYPE (OF LICENSE:Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LICE ONE STORY BLDG., 2 R I hereby certify and swear	OOMS, 1 ROOM ander penalties of p	: FOR DISPLAY, perjury that:			
3. the premises are SIGNED BY:	e now open for bus	iness (If not expl		taxes; and	
Ind	ividual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121200010		CITY OR TOWN	SOUTHAM	IPTON
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: MAHARAJI, INC				
DOING BUSINESS A SMITTY'S PACK	AGE STORE			
ADDRESS 16 COLLEGE HWY				
CITY/TOWN: SOUTHAMPTON	STATE: MA	ZIP CODE:	01073	
MANAGER: PATEL, BINTULA TYPI	E OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISIONE STORY WOOD FRAME BLDG, TV I hereby certify and swear under penalties of the state of t	WO ROOMS, CELL of perjury that: he same type for the all laws of the Comm	same premises now	licensed;	
SIGNED BY: Individual, Partner of	or Authorized Corpo	orate Officer		
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121200011		CITY OR TOWN	SOUTHAMPTON
APPLICATION FOR RENEWA	L: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: R&A Scho	olcraft, Inc		
DOING BUSINESS A Hampton	Ponds Package and Conven	ience	
ADDRESS 155 MIDDLE RD.			
CITY/TOWN: SOUTHAMPTO	N STATE: MA	ZIP CODE:	01073
MANAGER: SCHOOLCRAFT ALEXANDRIA	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
ONE STORY WOOD CONSTRU SALES AREA, ONE FOR STOR			
3. the premises are now of SIGNED BY:	ppen for business (If not exp Partner or Authorized Corp	lain below)	o taxes; and
mar viduar.	Tarther of Authorized Corp	orace officer	
DATE: TEL	EPHONE NUMBER:		DENTIFICATION NUMBER:
Please Check Below: APPROVED:		LOCAL LICENS By:	ING AUTHORITY
DISAPPROVED:		<i>- j</i> .	
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121200014		CITY OR TOWN	SOUTHAM	IPTON
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: YANMING INC.				
DOING BUSINESS A WEST LAKE GOURT	MET			
ADDRESS				
CITY/TOWN: SOUTHAMPTON	STATE: MA	ZIP CODE:	01073	
MANAGER: YAN, MICHAEL TYPE O	F LICENSE: Re	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
IN THE RED ROCK SHOPS WITH 2500 SQ REAR, A KITHCEN AND A DINING ROOM		IS IN THE FRONT	AND ONE	IN THE
I hereby certify and swear under penalties of p	erjury that:			
1. the renewed license will be of the s	ame type for the	same premises now	licensed;	
2. the licensee has complied with all l	aws of the Com	monwealth relating to	taxes; and	
3. the premises are now open for busing	ness (If not expl	ain below)		
SIGNED BY:				
Individual, Partner or A	uthorized Corpo	orate Officer		
DATE: TELEDITONE N				Y0111111111111111111111111111111111111
TELEPHONE N	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
		(1000) <u>1101</u> III0	iividuai Bociai B	cearity (variable)
We the undersigned, attest that we are in p				
Acts of 2004, signed by the building inspect license and (2) the certificate of liquor liabi				
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 121200016		CITY OR TOWN	SOUTHAM	IPTON
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
	AEKARA, INC A RED ROCK PIZZA OLLEGE HIGHWAY				
CITY/TOWN: SOU	THAMPTON	STATE: MA	ZIP CODE:	01073	
MANAGER: RIZO	S, ANTONIOS TYPE	OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
	PLEASE ALSO VISIT OUR WEBSI		MAIL ADDRESS		
50X50 FT EXPANSI AND TABLES FOR	LICENSED PREMISES ON TO INCLUDE WA APPROX 50 PEOPLE, TWO ADDITIONAL	AITING AREA R , INCREASE SIZ	E OF KITCHEN, T		
 the renewe the license 	wear under penalties of ed license will be of the ee has complied with all ses are now open for bus	same type for the laws of the Com	nonwealth relating t		
SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYER (Note: NOT Inc		TION NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are in l by the building inspe ertificate of liquor lial	ctor and the hea	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 121200018		CITY OR TOWN	SOUTHAM	MPTON
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: KONSTANTINE	N. SIERROS			
DOING BUSINE	ESS A PAISANO'S RES	TAURANT & PUB			
ADDRESS 136-3	88 COLLEGE HIGHWA	ΛY			
CITY/TOWN: S	SOUTHAMPTON	STATE: MA	ZIP CODE:	01073	
	IERROS, TYI CONSTANTINE N.	PE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				7
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION (OF LICENSED PREMIS	SES:			
DINING AREA,	BAR AREA, POOL TA	BLE,KITCHEN AN	ND PREP ROOM.		
I hereby certify a	nd swear under penalties	of perjury that:			
1. the rea	newed license will be of	the same type for the	e same premises now	licensed;	
2. the lic	ensee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the pro	emises are now open for	business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER	DENTIFICAT	TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, sig	gned, attest that we are gned by the building in he certificate of liquor	spector and the hea	d of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved ex	xplain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	121200020		CITYOR	TOWN SOUTHAI	VIPTON
APPLICATION FOR	RENEWAL:	Annua	I	LICENSED FOR 2	013
		CLASS	S		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 272 COUN	COUNTY LIQ	UOR STORE			
CITY/TOWN: SOUT		STATE:	MA ZIP C	ODE: 01073	
MANAGER: HUAN		YPE OF LICENS		CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR	WEBSITE AND ENTER Y	<u> </u>		
5000 SQ FT OF LANI ENTRANCE AND SII	D, SINGLE STO		AL BLDG WITH	I BASEMENT; FRO	NT
3. the premise SIGNED BY:	s are now open fo	th all laws of the or business (If not	explain below)	relating to taxes; and	
	individual, i arai	or or radiofized	corporate office	•	
DATE:	TELEPHO	NE NUMBER:		MPLOYER IDENTIFICA <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL By:	LICENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	121200022		CITY OR TOWN	SOUTHAN	MPTON
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SHREE GURUDEV C	CORPORATION	1		
DOING BUSINESS A	SOUTHAMPTON B	EER & WINE			
ADDRESS 00136B C	OLLEGE HIGHWAY				
CITY/TOWN: SOUT	HAMPTON	STATE: MA	ZIP CODE:	01073	
MANAGER: PATEI BHAI	L, NAISHAD TYPE	OF LICENSE: P	ackage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	CENSED PREMISES	S :			
UNIT 2 and 3 OF COMEXIT, STORAGE CLUTOTAL	OSET, Three HANDI	CAPPED ACCE	ESSIBLE REST RO		
2. the licensee	I license will be of the has complied with all s are now open for bus	laws of the Con	nmonwealth relating		
SIGNED BY:	Individual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121200023			CITY OR TOWN SOUTHAMPTON		
APPLICATION FOR RENEWAL:		Annual CLASS	LICENSED FOR 2013)13 YEAR
	: LAXIOS,LTD. S A SOUTHAMPTON S LLEGE HIGHWAY				IEAK
CITY/TOWN: SO	UTHAMPTON	STATE: MA	ZIP CODE:	01073	
	RISIS, TYPE RISTOFOROS	OF LICENSE:Ge	emise C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISES		COUTHEDNIEND	VITCHEN	
	RN END OF BLDG. DI E AND STORAGE ARI				
	see has complied with all ises are now open for bu Individual, Partner or	siness (If not expl	ain below)	o taxes; and	
DATE: TELEPHONE NUMI		NUMBER:		EMPLOYER IDENTIFICATION NUMBER: Note: NOT Individual Social Security Number)	
Acts of 2004, signe	ed, attest that we are in ed by the building inspe certificate of liquor lia	ctor and the hea	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					